

resident in any localized areas of high incidence in a community as a direct casefinding tool, and older school children, e.g., ninth graders, to monitor the prevalence of disease in the community.

#### Tuberculin Skin Testing of Pre-School Age Children

Routine tuberculin testing of pre-school age children between the ages of 1 and 6 years is recommended in all areas for all such children who attend the health department for other services, especially if there is a family history of tuberculosis. If this activity is not reaching many of the children in the community or recent skin testing among first graders indicates a level of positivity in excess of 1%, then a routine program of testing all first graders in the community schools should be followed, at least for a time until the positivity rate settles below 0.5%. Similarly, if periodic surveys of older school children in the ninth grade indicates a positivity rate above 2.5%, this would reinforce the need for continuing and expanding testing among preschoolers.

#### Sputum Examinations for Mycobacterium

Value of sputum examinations:

1. Important in making a diagnosis.
2. A guide to physicians in treatment.
3. A guide in determining precautionary measures needed.
4. Evaluation of patient's progress.
5. Measure of communicability.

Acceptable tuberculosis control practices would call for sputum examinations (three consecutive early morning specimens) to be carried out on all newly diagnosed cases of pulmonary tuberculosis at monthly intervals for the first three to six months of treatment. Sputum examinations may be necessary at other times in cases where treatment may be failing or if the clinician so recommends.

#### Suggested Procedures

1. Instruct the patient and/or family in correctly collecting sputum specimens as follows:
  - a. Sputum is material coughed up from the lung; it is not saliva or post-nasal material. Make sure that patients understand.
  - b. A series of single specimens collected on three successive mornings (preferably) is considered best.
  - c. Teach the patient to expectorate directly into sputum bottle which should be 1/3 full. A paper tissue may be held around the bottle to avoid getting the sputum on the outside of the bottle. Be sure that lip of bottle is thoroughly dry before replacing bottle cap. This helps prevent leakage. Screw cap on tightly.